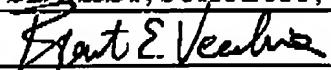




FEB 16 2006

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/045,414
		Filing Date	January 12, 2002
		First Named Inventor	Mikael Mortensen
		Art Unit	2195
		Examiner Name	Ali, Syed J.
Total Number of Pages in This Submission	15	Attorney Docket Number	42390P12312

<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px; min-height: 100px; vertical-align: top;">           Change of Correspondence Address; Facsimile Transmittal Sheet         </div>	
				<input type="checkbox"/>

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP		
Signature			
Date	February 16, 2006		

<b>CERTIFICATE OF MAILING/TRANSMISSION</b>			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	February 16, 2006
Signature			

Based on PTO/SB/21 (03-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wz) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEB 16 2006

FEE TRANSMITTAL  
for FY 2005

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

## Complete if Known

Application Number	10/045,414
Filing Date	January 12, 2002
First Named Inventor	Mikael Mortensen
Examiner Name	Ali, Syed J.
Art Unit	2195
Attorney Docket No.	42390P12312

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

## 1. EXTRA CLAIM FEES

Total Claims		Extra Claims	Fee from below	Fee Paid
Independent Claims	16	32*	0 x 50.00 =	\$0.00
Multiple Dependent	4	6*	0 x 200.00 =	\$0.00

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2212	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	350	2203	180	Multiple Dependent claim, if not paid
1204	780	2204	385	*Reissues independent claims over original patent
1205	300	2205	160	*Reissues claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

\*or number previously paid, if greater. For Reissues, see below

## 2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,530	2254	785	Extension for reply within fourth month
1255	2,160	2255	1,090	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1607	50	1607	50	Processing fee under 37 CFR 1.17(g)
1806	160	1806	160	Submission of Information Disclosure Stmt
1809	790	1809	299	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	760	2610	385	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		SUBTOTAL (2)		(3)

## Fee Paid

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature			(3)	Date	02/16/06

Based on PTO/68/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/16/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

RECEIVED  
CENTRAL FAX CENTER

004

FEB 16 2006

FEE TRANSMITTAL  
for FY 2005

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known	
Application Number	10/045,414
Filing Date	January 12, 2002
First Named Inventor	Mikael Mortensen
Examiner Name	Ali, Syed J.
Art Unit	2195
Attorney Docket No.	42390P12312

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

## 1. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	16	- 32" =	0	x 50.00	=	\$0.00
Independent Claims	4	- 8" =	0	x 200.00	=	\$0.00
Multiple Dependent						

## Large Entity

## Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	380	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	335	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

\*or number previously paid, if greater. For Reissues, see below

## 2. ADDITIONAL FEES

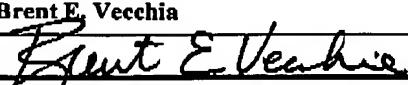
## Large Entity

## Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,580	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,060	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,610	2451	1,510	Petition to institute a public use proceeding	
1480	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		SUBTOTAL (2)		(\$)	

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	02/16/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/16/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450